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OFFICIAL

Date: 18 November 2003

To: Examiner R. Travers
US Patent and Trademark Office
Tel. No. 703-308-4603
Fax: 703-872-9306

Subject: ⁰⁹¹USSN 09/001, 602
Our Ref.: Beiersdorf 500.2-KGB/TAG

From: Theodore A. Gottlieb

Comments: Filing of: RCE (1 pg.); Preliminary Amendment (6 pgs.); 2 months extension of time (2 pgs.); Fee Transmittal (in duplicate)

If you have any questions or need further information, please contact us.

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$1,190.00

Complete if Known

Application Number 09/901,602
Filing Date April 19, 1999
First Named Inventor Buiiger
Examiner Name R. Travers
Art Unit 1614
Attorney Docket No. 100718-151

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account:
Deposit Account Number Norris, McLaughlin & Marcus
Deposit Account Name 14-1263

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☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) or any underpayment of fee(s)
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			(\$) \$0.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
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1252 420	2252 210	Extension for reply within second month	420.00
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
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1801 770	2801 385	Request for Continued Examination (RCE)	770.00
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) \$1,190.00

SUBMITTED BY

Name (Print/Type)	Theodore A. Gottlieb	Registration No. (Attorney/Agent)	42,597	Telephone	212-808-0700
Signature	<i>Theodore A. Gottlieb</i>	Date	November 18, 2003		

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		First Named Inventor	Bunger	
		Examiner Name	R. Travers	
		Art Unit	1614	
TOTAL AMOUNT OF PAYMENT (\$)		\$1,190.00	Attorney Docket No.	100718-151

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																									
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: Norris, McLaughlin & Marcus Deposit Account Name: 14-1263 The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		3. 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